GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF FOR-HIRE VEHICLES

2235 Shannon Place, SE, Washington, DC 20020, 2nd Floor - Suite 2001 (202) 645-6018, FAX (202) 645-3555, http://dfhv.dc.gov

APPLICATION FOR A "DUPLICATE" PUBLIC VEHICLE OPERATOR'S LICENSE (ID CARD)

Any FALSE OR MISLEADING statement(s) in this application may be subject to the Penalty prescribed. Detection of such statements may result in the refusal of license, revocation of said license. All information must be typed or legibly printed. You MUST provide a copy of the original police report with the application.

OPERATOR PERM	MIT NUMBER:					
STATE WHERE PERMIT WAS ISSURED:						
EXPIRATION DA	TE:					
_	application for the issuan CENSE to replace the ID Car	ce of a "DUPLICATE" PUBLIC VEHICLE rd which has been:				
Lost	Stolen(Other (if other, please explain details below):				
If the permit in quereport: Police Report Nur Precinct Reported Date Reported: Police Officer's N Badge Number:	mber: To:	ease provide the following details from the police				
Signature:		E-Mail				
Current Address						
Home Phone Numb	 per	Mobile Phone Number				

TYPE OF PERMIT:

Please mark the necessary sections below as needed:						
TAXI/LIMO:		TAXICA	B:	T		
LIMO:		NOT-FO				
ORIGINAL ID CARD	NUMBER:					
EXPIRATION DATE:						
DATE OF BIRTH:				-		
AGE:						
OCCUPATION:				-		
COUNTRY OF BIRTH	:					
SEX:		[]MALE[]FEMALE				
WEIGHT:			_			
HEIGHT:			_			
HAIR COLOR:			_			
EYE COLOR:			_			
Social Security Number:			_	-		
Signature of Applicant i	n the presence of a N	Notary Public				
				trict of Columbia, this med applicant who made		
the oath in due form of	the law that the above	e stated facts a	re true.	med applicant who made		
Sworn to me this	day of		, 20	·		
Signature of Notarial Of	ficer	Comm	nission Expira	ation Date		
(Seal)						